MISSISSIPPI NATIONAL GUARD YOUTH CHALLENGE ACADEMY

(Medical Clearance)

If the applicant is prescribed medication for conditions such as asthma, heart, diabetes or was under psychiatric care within the past twelve months, this medical clearance form must be completed by the physician.

_____

Student's name (please print)

The Mississippi Youth Challenge Academy (MYCA) is a 5 ½ month, quasi military, residential program that can be demanding and potentially dangerous. Some participants may find the program physically, mentally and emotionally stressful. This may include experiencing severely upsetting emotions and sensations during the program. Throughout the Academy, each day is designed to include activities that will challenge each member and still allow for adequate rest and relaxation. There will be three meals a day. Eight hours of sleep are scheduled each day. The course may include such physically strenuous activities as a daily run or obstacle course involving several events requiring balance and strength.

Persons with medical conditions or emotional disorders may be more susceptible to adverse effects of physical stress than others.

It is recommended that applicants DO NOT participate in the Challenge Academy if they:

- Have been hospitalized or have psychiatric care for a mental disorder and current condition is still unstable as determined by the psychiatrist.
- Are seeking psychiatric or other medical support for some emotional problem or issue.
- Have or has had a heart defect
- Are currently addicted to heroin or cocaine or any other addictive substance.

<u>To be completed by the physician only</u>

Please provide below, with your initials, your professional recommendation on the above applicant concerning his/her participation in the Youth Challenge Academy.

_____ (initial) I have worked with the above applicant from _____ (Date) to _____ (Date). It is my opinion that he/she is currently capable to fully participate in a highly active environment where he/she will be challenged daily to achieve positive life goals.

_____ (initial) I have worked with the above applicant from _____ (Date) to _____ (Date). It is my opinion that he/she is **NOT** currently capable to fully participate in a highly active environment where he/she will be challenged daily to achieve positive life goals.

_____

Physician's Printed Name | Physician's Signature | Date

_____

Physician's Contact Number

Physician Stamp

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